

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008495

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2153

FILED MAR 5 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUISLength of stay in b
2 Hoursc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION City Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY St. Clair

c. CITY OR TOWN East St. Louis

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1613 Sycamore Dr.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARIE

Middle

MOSELEY

Last

4. DATE OF DEATH

Month

Day

Year

Feb. 20, 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/30/1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steno.

10b. KIND OF BUSINESS OR INDUSTRY

Int. Shoe Co.

11. BIRTHPLACE (City and state of country)

East St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank Dumstorff

13b. MOTHER'S MAIDEN NAME

Mathilda Guithues

14. NAME OF HUSBAND OR WIFE

Marshall Moseley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

3 Jerry Moseley 1613 Sycamore Dr

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thromboses

INTERVAL BETWEEN ONSET AND DEATH

sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardio-Vascular Disease 8 yrs.

DUE TO (c)

+20.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-26-54 to 2-20-62 and last saw her alive on 1-26-62
Death occurred at 1130 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John A. Hemphill M.D.

22b. ADDRESS

12 Bellevue Park Plaza
Belleville, Ill.

22c. DATE SIGNED

2/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/23/62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem

23d. LOCATION (City, town, or county)

Belleville, Ill.

(State)

24. FUNERAL DIRECTOR

Address 2218 State

Brichler Funeral Home E. St. Louis

25. DATE RECD. BY LOCAL REG.

FEB 22 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

2 8120 7 E

3

4 1

5 2

6

7 1

8 2

9

10

11

12 75-0

13

75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Frank Prouff

Licensed Embalmer No.

4356

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.